Patient navigation is a client-centered approach that helps to engage people in HIV care

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Patient navigation is an intervention that promotes linkage and retention in medical care through the guidance and support of health workers known as patient navigators. The aim of patient navigation is to help patients access the healthcare system so they receive the standard of care in a timely and effective way. The first patient navigation program was started in 1990 in the Harlem neighborhood of New York City by Dr. Harold Freeman. This initial program focused on improving the rates of timely diagnosis and treatment for breast cancer. Since then, patient navigation has been used for patients with other types of cancer as well as other diseases, including HIV. In a multi-city analysis, patients receiving navigation to HIV care reported fewer barriers to care, were more likely to have undetectable viral loads, and showed increased use of medical care at follow-up compared to baseline data. This article will define patient navigation and explain how the intervention is being used to promote engagement in HIV care in Louisiana through the Positive Charge initiative.

Defining patient navigation

At its core, patient navigation seeks to improve engagement in medical care (and therefore improve health outcomes) by addressing patients’ individual barriers to care. Patient navigators help their clients access medical and support services delivered by a healthcare system that is often complex and disconnected. Patient navigation may be sustained across the entire healthcare continuum. More often, patient navigation targets specific points of this continuum such as diagnosis, treatment, or end-of-life.

Patient navigators share attributes with other healthcare professions such as advocates, health educators, and case managers but differ from other case managers in that their work with a patient has a predetermined endpoint. In the case of HIV-focused patient navigators, the endpoint is often engagement in medical care. Once the navigation intervention has reached its endpoint, patients can transition to traditional case managers to address ongoing or future needs.

Some of the key functions of patient navigators in HIV programs include addressing barriers to care, teaching patients how to access health and social service resources, helping patients develop provider interaction skills, and providing positive reinforcement as patients experience success in accessing the healthcare system. Depending on the level of medical expertise required to perform their job duties, patient navigators may be licensed medical professionals (RN, LPN, etc.) or laypeople. Regardless of professional background, successful patient navigators must be able to maintain credibility with both clinic staff and the community members they serve. Because patient navigators are often laypeople rather than licensed medical professionals, the cost of the intervention is
modest, especially given the long-term savings from avoiding healthcare costs associated with patients who have more advanced disease.\textsuperscript{5}

Health navigation is believed to be most effective when targeted to populations most likely to encounter barriers and therefore not engage in care.\textsuperscript{3,5,6} People living with HIV are less likely to receive optimal medical care if they are women, people of color, low income, uninsured, adolescents, living with mental illness, and/or homeless.\textsuperscript{6} Health navigators complete thorough needs assessments with patients in order to identify barriers.\textsuperscript{3} Navigators then draw on their networks of contacts at other organizations to help patients address these barriers.\textsuperscript{3} Patients with multiple barriers can be engaged in care through linkage to the appropriate support services as well as medical services.\textsuperscript{6} Patient navigators dedicate their time to creating such linkages.

**Louisiana Positive Charge**

Positive Charge is an initiative funded by Bristol-Myers Squibb and AIDS United that aims to improve linkage to care for people living with HIV. Positive Charge is currently implementing and evaluating three patient navigation interventions in Louisiana. The Louisiana Public Health Institute oversees Positive Charge in Louisiana, which is one of five sites in the United States chosen to participate in the initiative. Through collaborations with public HIV clinics and AIDS service organizations, Positive Charge patient navigation interventions occur in three regions: New Orleans (Interim LSU Public Hospital and HAART, Inc.), Baton Rouge (Earl K. Long Medical Center and Capitol Area Reentry Program), and Lake Charles (Walter O. Moss Regional Medical Center and Southwest Louisiana AIDS Council). Other Positive Charge interventions in Louisiana include linkage case managers, pre/post release case managers for incarcerated persons, and HIV-specific disease intervention specialists.

Positive Charge navigators work with clients who are newly diagnosed with HIV or out of care for more than six months. The patient navigation intervention ends after a client attends an appointment with an HIV medical provider (physician, nurse practitioner, or physician assistant). It typically takes Positive Charge navigators three to six months to help a patient get to this endpoint. Navigators act as points of contact during this time, helping clients strategize how to overcome barriers that have prevented them from accessing care. Navigators educate clients on how to access services on their own, aiming to improve clients’ self-efficacy in navigating the healthcare system after the intervention has ended.

As part of enrollment in the Positive Charge program, clients complete a survey assessing their current needs and barriers to care. Survey data are used for program evaluation and to help patient navigators identify services needed. The intake process creates space for dialogue about clients’ attitudes and beliefs regarding HIV care. Often, the patient navigator is the first person in a client’s life with whom he/she feels safe and comfortable talking about his/her HIV diagnosis. It is the navigator’s duty to offer compassionate, emotional support to clients struggling with their diagnosis, and to provide referrals for counseling and mental health specialists when necessary. Navigators
often have work cell phones where they can be reached if the client is in need of support after hours or over the weekend.

The most common barriers to care listed by Positive Charge patient navigation enrollees during intake were: lack of money, transportation, competing priorities (e.g., work, child care), fear, and homelessness. When asked about current needs, the most common responses among enrollees were: dental services, housing, food, non-HIV related medical services, and mental health services. The barriers and needs listed by these clients illustrate the complexities that exist in their lives outside of their HIV diagnosis. Nearly a quarter (23.4%) of patient navigation enrollees (N=380) did not report any barriers to care at intake, meaning that over three quarters of enrollees did report at least one barrier. As such, navigators spend a significant amount of time making and following up on referrals for resources in the community. Some Positive Charge clients travel from surrounding rural areas to receive medical care in nearby cities, which means that navigators must be able to locate services in these outside communities as well.

Thus far, the data from the Louisiana Positive Charge program are encouraging. 95% of clients enrolled in the Positive Charge navigation intervention (N=380) had a visit with an HIV medical provider after working with a patient navigator. At least two visits 90 days apart were attended by 67% of clients within one year of Positive Charge intake. It should be noted that this measure is also used by the Human Resources and Services Administration (HRSA) to indicate retention in HIV care. Patient navigation recipients were also less likely to report any barriers to care at follow-up. Over half (54.4%) of patient navigation clients (N=283) reported having no barriers to care at follow up, marking a 57% increase in the proportion reporting no barriers compared to baseline.

Data on clinical outcomes have been equally as encouraging. Median CD4 count rose from 297 to 367 in patient navigation enrollees who had two or more CD4 count results after intake (N=236), which is an increase of 23.6%. Median viral load among enrollees who had two or more viral load results after intake (N=231) decreased from 15,607 to 267 copies/ml following the intervention, representing a 1.77 log_{10} reduction.

**Summary**

Although patient navigation is best known as a linkage-to-care intervention in the field of cancer, in recent years it has been adapted for use with patients of other diseases, including HIV. Preliminary data from the Positive Charge patient navigation sites reinforce the findings from a previous study that suggest patient navigation can be an effective intervention to help people living with HIV engage in medical care. By focusing on both people who are newly diagnosed with HIV and those who have fallen out of care, patient navigation is a tool that can be used to bolster the linkage and retention efforts of HIV organizations serving populations that typically experience barriers to care.

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